

ARCHITECT OF THE CAPITOL SECURED STORAGE HVAC EQUIPMENT AT THE  
JAMES MADISON LIBRARY OF CONGRESS (LOC)  
ATTACHMENT 3

RFPCD160064

**PAST PERFORMANCE QUESTIONNAIRE FOR**  
**SOLICITATION NUMBER AOC RFPCD160064**

The contractor listed below is being considered for a contract award by the Architect of the Capitol, Washington, DC. Your name has been provided as a customer reference regarding performance under a past contract with your agency/company. Your comments are considered Source Selection Sensitive, therefore, you are advised that your response will be safeguarded to the extent cited in the Federal Acquisition Regulation (FAR) 42.1503. FAR prohibits the release of past performance evaluations to other than other Government personnel and the contractor whose performance is being evaluated during the period the information may be used to provide source selection information.

In order to maintain the integrity of the source selection process, respectfully request that you do not divulge the name of the contractor nor discuss your comments on this questionnaire with any other individuals.

Your completion of this form will be greatly appreciated. Upon completion, please either fax or email this form to the Contracting Specialist, Donald Fuqua, at [dfuqua@aac.gov](mailto:dfuqua@aac.gov) , (202)225-3221 Attn: Donald Fuqua-Contract Specialist.

**Past Project Information:**

1. Contractor (Prime): XYZ Inc.\_\_\_\_\_
2. Project Title: Please insert description of the project\_\_\_\_\_
1. Name: Agency/Company, POC \_\_\_\_\_ Date: \_\_\_\_\_
2. Phone No.: (xxx) xxx-xxxx \_\_\_\_\_ Fax No. (xxx) xxx-xxxx \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Position held or function in relation to project: \_\_\_\_\_

**Ratings:** Please evaluate the contractor's performance using the following ratings:

“O” Outstanding The contractor's performance clearly exceeded the contract  
(SOP 9-1, October 22, 2008)

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	requirements.
“S” Satisfactory	The contractor’s performance met the contract requirements.
“M” Marginal	The contractor’s performance met the minimum contract requirements but with difficulty.
“U” Unsatisfactory	The contractor’s performance was poor and/or did not satisfy contract requirements.

Please rate and provide supporting information for the following. If the rating is Outstanding or Unsatisfactory, please provide specific contract/job performance areas which were exceeded or not performed in accordance with the contract’s minimum requirements. (Use additional sheets as needed)

1. The relationship between the contractor and owner’s contract team/Contracting Officer/COR.

\_\_\_\_\_ **Rating:** \_\_\_\_\_

2. The contractor’s on-site management and coordination of subcontractors.

\_\_\_\_\_ **Rating:** \_\_\_\_\_

3. The contractor’s overall corporate management, integrity, reasonableness and cooperative conduct.

\_\_\_\_\_ **Rating:** \_\_\_\_\_

4. Performance in meeting delivery/completion schedules: \_\_\_\_\_

\_\_\_\_\_ **Rating:** \_\_\_\_\_

5. What did the contractor do to improve schedule problems, if any? \_\_\_\_\_

\_\_\_\_\_ **Rating:** \_\_\_\_\_

6. The contractor’s quality control (CQC).

\_\_\_\_\_ **Rating:** \_\_\_\_\_

7. The contractor’s performance in delivering quality work in accordance with the contract:

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**Rating:** \_\_\_\_\_

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8. The contractor's ability to provide the required work at a reasonable total price.

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**Rating:** \_\_\_\_\_

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9. The contractor's compliance with labor standards, if applicable..

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**Rating:** \_\_\_\_\_

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10. The contractor's compliance with safety standards.

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**Rating:** \_\_\_\_\_

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11. Has the contractor been given any of the following: Cure notice, show cause, letters of reprimand, suspension of payments, termination? If yes, please explain.

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**Rating:** \_\_\_\_\_

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12. Would you award another contract to this contractor? If no, please state reasons for not recommending this contractor additional work. \_\_\_\_\_

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**Rating:** \_\_\_\_\_

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13. Was the customer satisfied with the end product? \_\_\_\_\_

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14. Has the contractor been provided an opportunity to discuss any negative performance ratings? If so, what were the results? \_\_\_\_\_

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15. Has the contractor filed any claims? \_\_\_\_\_ How many? \_\_\_\_\_

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and to what extent? \_\_\_\_\_  
Claims outstanding/why? \_\_\_\_\_

16. **OVERALL RATING**

**Rating:** \_\_\_\_\_

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17. Please provide any additional comments: \_\_\_\_\_

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NAME/TITLE: \_\_\_\_\_

AGENCY/COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**Thank you for your prompt response  
and assistance!**